

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/565901

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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49						
50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←		0	←		←
TOTAL CLAIMS			1			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
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93			/	/		
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96			/	/		
97			/	/		
98			/	/		
99						
100						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.	←		43	←		←
TOTAL CLAIMS			48			